



Montana Department of Transportation
Accounting Services Bureau

PO Box 8019, Helena, MT 59604-8019
(406)444-7278 FAX: (406)444-6032 TTY: (406)444-7696
www.mdt.state.mt.us

Do Not Write in this Space

Date
Postmarked

Application for Refund of State Diesel Tax
For Federal, State, Local Governments and School Districts

Names Must Match Invoices

Name: _____

Address: _____

Address: _____

FED ID #: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Instructions

- 1. All information requested on this application is required.** Failure to complete the form will result in the return of the application and delay your refund.
- 2.** Based on postmark date of application, invoices must be submitted for a refund within thirty six (36) months of date of purchase.
- 3.** Photocopied invoices must be listed on Schedule 3 on reverse side and submitted with application.
- 4.** The name on this application must match the name on all invoices.
- 5.** This claim must be signed in original or it will be returned to sender.
- 6.** The fuel placed in the tank must be used exclusively by a government entity and the receipts must show that the fuel purchased was tax paid (**undyed**).
- 7.** If purchaser and applicant names are not the same, attach a signed statement declaring the names on the invoices and the applicant's name are one in the same.

Schools & Government Only

1	2	2
Total Gallons (From schedule 3)	Refund Amount Per Gallon	Total Refund Amount \$
	X \$0.2775	

I hereby declare and represent that the above and foregoing is a true and correct statement showing diesel purchased and entirely consumed by the applicant; that the invoices included and photocopies of the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Signature

Date

By cooperative agreement, the Montana Department of Transportation exchanges tax information with other collecting agencies.
Alternative accessible formats of this document will be provided on request.

**List Tax Paid Purchases Only.
Attach Photocopied Invoices**

[illegible]

Total: (Enter in column 1 on front of Application)